

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.H.		9/13/84
O.I.P.E. CLASSIFIER		8	9-17-99
FORMALITY REVIEW	Q	71098	9/30

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/19/83
2	✓	✓	5/19/83
3	✓	✓	5/19/83
4	✓	✓	5/19/83
5	✓	✓	5/19/83
6	✓	✓	5/19/83
7	✓	✓	5/19/83
8	✓	✓	5/19/83
9	✓	✓	5/19/83
10	✓	✓	5/19/83
11	✓	✓	5/19/83
12	✓	✓	5/19/83
13	✓	✓	5/19/83
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If more than 150 claims or 10 actions  
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